

Module C:

Breastfeeding Promotion & Support

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Overview

Introduction

This module provides information on how to promote and support breastfeeding among WIC participants.

Learning Objectives

After completing this module the Nutrition Assistant will be able to:

- identify that breastfeeding is the foundation of good infant feeding practices,
- describe the benefits of exclusive breastfeeding,
- describe breastfeeding recommendations,
- list reasons why some women may not choose to breastfeed,
- describe human lactation,
- describe latch-on and some common breastfeeding positions,
- describe infant feeding cues,
- describe some indicators of adequate intake,
- describe how to express and store breast milk,
- describe how mothers can maintain and manage lactation for the first year of the infant's life,
- describe the benefits of toddler nursing,
- describe common breastfeeding problems and suggest solutions,
- identify sources for breastfeeding information and support in the community,
- describe infant-led* and mother-led weaning and how to wean a baby or toddler,
- describe risks of artificial baby milk (ABM),

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Overview (continued)

Learning Objectives (continued)

- describe the local agency's breastfeeding policy and procedures,
 - in a role play situation, discuss breastfeeding with a pregnant and postpartum woman, and
 - suggest actions that a WIC site could take to promote breastfeeding.
-

** Words that you may not know are **underlined**. Definitions for these words can be found in the **Glossary** at the end of the module. (Note: Words are only underlined the first few times they appear in the text.)*

Benefits of Exclusive Breastfeeding

Breastfeeding the Foundation of Good Feeding Practices

The American Academy of Pediatrics (AAP) considers breastfeeding the foundation of good feeding practices.

Breast milk is the intended food for a baby. For this reason, and many others, WIC promotes and supports breastfeeding.

Chart of Benefits

The chart on the next pages lists some of the many benefits of breastfeeding.

Learning Activity 1

To learn more about what people in your community may think about breastfeeding you may want to try **Learning Activity 1** found at the end of this module.

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Benefits of Exclusive Breastfeeding (continued)

Breastfeeding Benefits

Benefit	Description
Specific for Human Infants	Breastmilk is the intended food for babies, including premature and sick newborns. The protein, fat, mineral, vitamin, and calorie content of breastmilk is designed for the human infant (just as cow's milk is designed for the calf). Its content changes as the infant grows.
Healthier Babies	<p>Breast milk contains <u>antibodies</u> that protect the infant from disease and infections. Compared to formula-fed babies, breastfed babies:</p> <ul style="list-style-type: none"> • have fewer and less severe infections, • have fewer digestive problems (such as constipation, gas, and diarrhea), • are less likely to develop diabetes, asthma, and other allergic diseases, • have fewer hospitalizations, and • are less likely to become obese children.
Healthier Mothers	<p>Breastfeeding women:</p> <ul style="list-style-type: none"> • have a lower chance of developing breast or ovarian cancer, • have a lower chance of developing hip fractures and <u>osteoporosis</u>, • have faster recovery from childbirth, • have less postpartum depression, and • have improved self-esteem (since they are supporting their babies' growth with their own milk).

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Benefits of Exclusive Breastfeeding (continued)

Breastfeeding Benefits (continued)

Benefit	Description
Helps Postpone Pregnancy	Breastfeeding can delay the onset of ovulation and menstruation and help postpone pregnancy in some women.
Bonds Mother & Child	Breastfeeding bonds the mother and baby. Skin contact, the smell of the mother, and hearing the mother's heartbeat help the baby bond to the mother. Hormones released while breastfeeding reduce feelings of stress and increase feelings of love for the baby.
Improves School Performance	Studies have shown an association between breastfeeding and improved school performance in breastfed children.
Saves Money	Breastfeeding eliminates or reduces the amount of money spent on formula and bottles. Families also spend less money on doctor visits, hospitalizations, and medications for sick children.
Helps the Environment	Breastfeeding helps reduce environmental problems due to production, distribution, and disposal of formula and formula products.

Breastfeeding Recommendations

Recommended Practices

Local WIC agencies shall encourage every woman to breastfeed her infant unless there are special health reasons.

American Academy of Pediatrics Recommendations

The American Academy of Pediatrics (AAP) recommends breastfeeding for all women. Specific recommendations are listed in the chart on the next page.

You may want to read the *AAP Position Statement on Breastfeeding*. Ask your mentor or supervisor for a copy.

When an Infant Should NOT Be Breastfed

It is very **rare** that a mother should NOT breastfeed. There are, however, certain situations in which a woman should NOT breastfeed, such as if:

- the infant has galactosemia, and/or
 - she:
 - uses illegal drugs,
 - has untreated, active tuberculosis,
 - is HIV-infected, and/or
 - is on radiation therapy or certain medications.
-

Advice from Doctors

Like with other medical situations, a mother may want to get a second opinion if she feels her doctor may be advising unnecessarily against breastfeeding.

WIC staff can provide information to participants to help them discuss with their doctors their decision to breastfeed.

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Breastfeeding Recommendations (continued)

Summary of AAP Recommended Breastfeeding Practices

- Human milk is superior for infant feeding and is **species specific**; all substitute feeding options differ markedly from it.
- Human milk is the **preferred feeding for all infants**, including premature and sick newborns, with rare exceptions.
- Breastfeeding should **begin as soon as possible after birth, usually within the first hour**.
- Newborns should be **nursed whenever they show signs of hunger**, such as increased alertness or activity, mouthing, or rooting. Crying is a late indicator of hunger.
- **No supplements** (such as water, sugar water, or formula) should be given to breastfeeding newborns unless medically advised.
- **Pacifiers should be avoided** whenever possible and, if used at all, only after breastfeeding is well established.
- Exclusive breastfeeding is **ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months** after birth.
- Breastfeeding should **continue for at least 12 months**, and thereafter for as long as mutually desired.
- **Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding**, preferably directly, or by pumping the breasts and feeding expressed milk, if necessary.

Why Some Women May NOT Choose to Breastfeed

Some Women Do Not Breastfeed

Many women breastfeed their infants. However, even though breastfeeding is the recommended way to feed a baby, not all WIC participants breastfeed.

Reasons for Not Breastfeeding

Women who do not choose to breastfeed may give the following reasons for not breastfeeding:

- incorrect information,
 - lack of familiarity,
 - lack of confidence,
 - lack of support from family members,
 - embarrassment,
 - inconvenience,
 - fear of being “tied down”,
 - belief that bottle feeding is the modern way,
 - free formula from WIC, or
 - lack of assistance to help overcome difficulties.
-

Lack of Correct Information

Women may not breastfeed because of beliefs that are NOT true.

The following are NOT true:

- A mother’s anger or fear will pass through the breast milk to her baby.
 - A mother cannot produce enough milk to feed her baby (such as for twins).
 - A sick mother should not breastfeed.
 - A mother has to expose her breasts when she breastfeeds.
 - Breastfeeding makes the breasts sag.
-

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Why Some Women May NOT Choose to Breastfeed (continued)

Lack of Correct Information (continued)

- Some mother's breasts are too small for breastfeeding.
- Breastfeeding mothers have to have perfect diets.
- A breast that has softened no longer has milk.
- A breastfeeding mother that eats spicy foods will make her baby sick.
- Mothers cannot exclusively breastfeed when they go back to work.

Chart

The chart on the next pages describes the reasons why some women may not breastfeed.

Learning Activity 2

To learn more about reasons some women may not choose to breastfeed and ways to support and promote breastfeeding as the norm for infant feeding you may want to try **Learning Activity 2** found at the end of this module.

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Why Some Women May NOT Choose to Breastfeed (continued)

Reason	Description
Lack of Familiarity	<ul style="list-style-type: none">• Some women may never have seen a woman breastfeed.• Breastfeeding is not often shown on television, in movies, or in magazines.• Formula feeding is much more widely seen and promoted.
Lack of Confidence	Some women wonder if they will produce enough milk for their babies.
Lack of Support	<ul style="list-style-type: none">• A woman's family and friends may not know much about the benefits of breastfeeding and• Hospital practices (such as giving formula and bottles to women when they leave) may not support breastfeeding.
Embarrassment	Some women may feel embarrassed because they think they will need to expose their breasts when breastfeeding.
Inconvenience	Some women may not realize they can still give their babies breast milk when they are at work or at school.
Fear of Being "Tied Down"	Some women may think that they will not be able to go out with their friends if they breastfeed.

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Why Some Women May NOT Choose to Breastfeed (continued)

Reason	Description
Incorrect Information	Some women do not breastfeed because they have incorrect information about breastfeeding.
Bottle Feeding As “Modern” Way	Some women believe that breastfeeding is only for women who live in poor and developing countries.
Free Formula from WIC	Because formula is available free at WIC, this may give participants the idea that nutritionists believe that formula feeding is best.
Lack of Assistance	Some women may decide to breastfeed but encounter difficulties. They then switch to bottle-feeding because of lack of assistance.

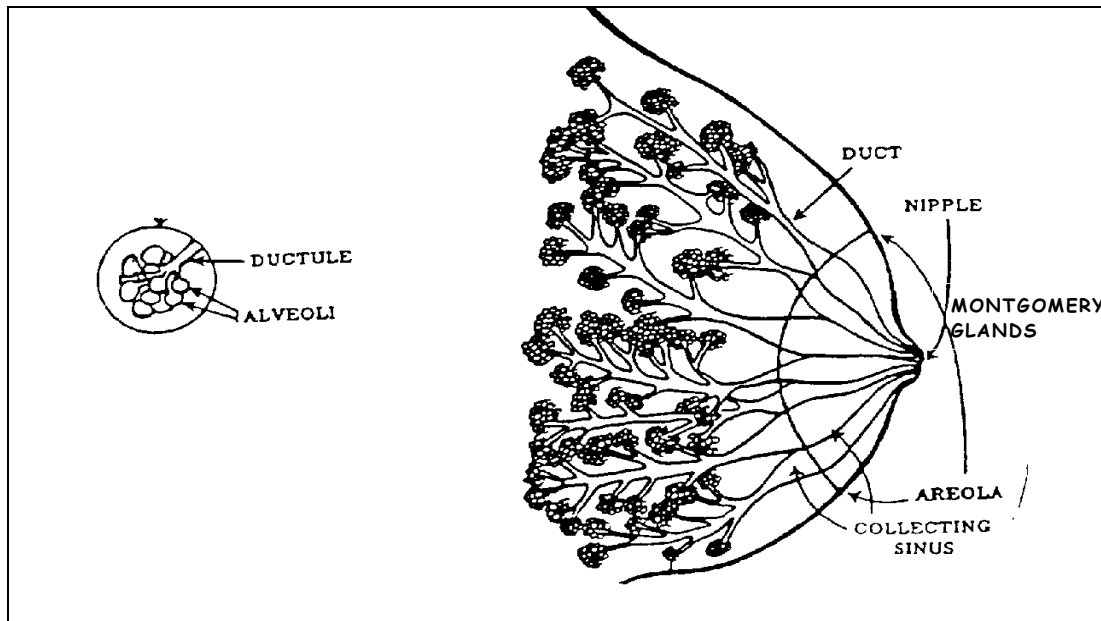
Human Lactation

Parts of the Breast

The lactating breast is made up of:

- alveoli,
- ducts,
- collecting sinuses,
- areola,
- Montgomery glands, and
- nipple.

See diagram below.



Production of Milk

The alveoli are glands that produce the milk. The milk passes from the alveoli through tubes called ducts. These ducts widen and become the collecting sinuses. The collecting sinuses are just behind the areola and open into the nipple.

The Montgomery glands (located on the areola, the circular pigmented area surrounding the nipple) secrete a substance that lubricates the skin around the nipple.

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Human Lactation (continued)

Production (continued)

Sucking at the breast stimulates the woman's brain to produce hormones that are involved in the release of breast milk. These hormones are called oxytocin and prolactin.

Let-Down

Let-down is the movement of milk down the ducts and out of the sinuses through the pores of the nipple.

During let-down, the mother may experience:

- a tingling feeling,
- a “pins and needles” feeling, or
- some discomfort for a few seconds.

Not every woman will feel the “let-down.”

While the baby nurses several let-downs may happen.

Composition of Breast Milk

Human milk is the intended food for babies. It contains:

- nutrients to help the baby grow,
 - antibodies that help protect the baby from infections,
 - factors to promote growth and maturation of the baby, and
 - factors that reduce or delay allergic reactions.
-

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Human Lactation (continued)

Composition of Breast Milk Changes

The composition of human breast milk will change as the needs of the growing infant change. The following affect the composition of human milk:

- stage of lactation,
- time of day,
- duration of a feeding,
- frequency of a feeding,
- degree of fullness or emptiness of the breast, and
- length of gestation (pre-term vs. full-term).

The chart on the next page shows how breast milk changes for each of the stages of lactation.

Fat Content of Human Milk

The fat content of human milk will differ dependent on:

- the stage of lactation and
- whether it is the portion at the beginning (foremilk) or end of a feeding (hindmilk).

Hindmilk contains more fat than foremilk.

The amount of fat in human milk also decreases after 4 months of lactation.

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Human Lactation (continued)

Changes in Breast Milk (Breast milk is a living fluid)

Stage of Lactation	Composition
First Stage <u>-Colostrum</u> (0-7 days)	<ul style="list-style-type: none">• All the nutrients the baby needs• A thick fluid that helps the baby learn to suck and swallow easily during the first days• Antibodies to prevent infections
Transitional Stage (7-20 days)	<ul style="list-style-type: none">• Amount of fat and lactose increase• Amount of protein and minerals decrease
Mature Stage (21 + days)	<ul style="list-style-type: none">• All the nutrients the baby needs• Antibodies to prevent infections

Learning Activity 3

To learn more about human lactation you may want to try **Learning Activity 3** found at the end of this module.

Getting Started

When to Begin

Breastfeeding should begin as soon as possible after the baby is born. If possible, breastfeeding should begin **within the first hour after birth**.

When breastfeeding cannot begin within the first hour (such as when the mother has had a Cesarean section or the baby is having problems) it can start later. When this happens the mother may need special help getting started.

In the Hospital

When giving birth to her baby in the hospital, a breastfeeding mother is encouraged to:

- “room-in” (be in the same room) with her baby,
- feed “early, often and only”,
- listen for baby swallowing,
- feed until baby falls off breast,
- avoid or limit stressful situations (stress can reduce milk production),
- not feed infant formula (artificial baby milk) unless the baby has a medical need, and
- not use pacifiers.

The use of artificial baby milk and pacifiers can interfere with the baby’s sucking at the breast and can cause early weaning.

Latch-On & Positioning

Benefits of Correct Positioning

Correct placement and positioning of the infant at the breast will:

- ensure comfort during nursing,
 - prevent sore nipples, and
 - stimulate milk production.
-

Environment

A good place to breastfeed is one that is:

- calm,
 - quiet, and
 - dimly lighted.
-

Latch-On

Placing the baby's mouth on the areola is called latch-on. Proper latch-on helps to prevent sore nipples.

For proper latch-on a mother may follow the steps suggested on the next page.

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Latch-On & Positioning (continued)

Proper Latch-On (Asymmetric Technique)

Step	Description
1	The mother brings baby's body in close to her body. Baby's chest, stomach, and knees touch mother's body "wrap around" fashion.
2	Mother places baby so baby's nose is across from her nipple. The baby should need to reach for the nipple. (This forces the baby to open her/his mouth wide.) Allow the baby's head to tilt back slightly.
3	Mother brings baby to her breast leading with the baby's chin. The baby's lower jaw should approach the mother's breast first .
4	The baby's upper lip should touch the mother's breast last.
5	Mother makes certain the baby takes all of the nipple and part of the areola deeply into her/his mouth.

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Latch-On & Positioning (continued)

Feeding Positions

There are several common feeding positions. These are described in the chart on the next page.

A mother should use pillows or other props to bring her baby to breast height.

Since one mother may not have the same arm length or breast size as another mother, each mother will need to try out different positions to see what works best for her.

Latch-On & Positioning (continued)

Common Positions & Descriptions

Clutch or Side Sitting

- Mother sits upright.
- Baby is held at the side of the mother's body, tucked under her arm.
- The baby's bottom rests on a pillow, near the mother's elbow.
- Useful for a premature infant or a mother who has had a C-section or a mother with large breasts.

Across the Lap or Cradle Hold

- Mother sits upright.
- Mother has pillows on her lap or props her feet up to bring baby up to nipple level.
- Baby's head rests on mother's forearm or the crook of her arm.
- Baby is on side facing mother's body, "chest to chest".
- Mother should bring infant up towards breast, not lean down. (This helps prevent back strain.)

Side-Lying

- Mother and baby lie on their sides facing each other.
- Babies knees are pulled in close.
- Mother's arm encircles baby's back.
- Allows mother and baby to rest or sleep during nursing.
- Useful for a mother who has had a C-section or is tired.

Cross-Cradle or Cross-Over Hold

- Baby is across mother's lap and facing her.
- Mother reaches across lap to support baby's back and shoulders.
- Mother supports breast with hand closest to breast.
- With the palm of her hand behind infant's head (below ears), mother guides baby's mouth to breast.
- Useful for babies who have problems latching on.

Lying Down

- Mother lies on back with pillows under head.
- Infant "crawls" to breast.
- Useful for right after birth.

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Latch-On & Positioning (continued)

Learning Activity 4

To practice the latch-on technique and common breastfeeding positions you may want to try **Learning Activity 4** found at the end of this module.

When & How Long to Feed

Feeding on Cue

A baby should be fed on cue whenever s/he is hungry.

Signs of Hunger

A baby signals that s/he is hungry by:

- showing rapid eye movements,
- nuzzling against the breast,
- showing the rooting reflex,
- sucking,
- putting a hand to the mouth,
- fussing sounds, or
- crying.

Crying is a **late** signal for hunger. If a baby cries s/he has probably been hungry for some time.

Signs of Fullness

A baby may signal that s/he is full by:

- turning her/his head away from the nipple,
 - falling off the breast,
 - falling asleep,
 - showing interest in things other than eating, or
 - closing her/his mouth.
-

Frequency of Feedings

Breastfed babies usually feed 8 to 12 times a day. They often will feed in clusters (several feedings grouped together). Thus, the times between feedings may not be the same.

Duration of Feedings

A mother should **follow her infant's lead** in how long to nurse. Infants should be allowed to nurse for as long as they want to nurse. Limiting time on nursing is NOT recommended. Some infants may spend more time nursing than others may.

Breast Milk Intake

Indicators of Adequate Intake

A full medical evaluation of the infant and the mother's impression of her infant's well being usually show whether or not the baby is getting enough breast milk.

If a baby is happy, content, and relaxed it usually means s/he is getting enough breast milk. In addition, a mother may also want to be aware of her baby's:

- urine output,
 - stool output,
 - weight gain,
 - growth pattern, and
 - feeding/nursing pattern.
-

Chart of Common Patterns Seen in Breastfed Infants

The chart on the next page shows some patterns commonly seen in breastfed infants.

Be aware that infants differ and that these common patterns may not be typical for some infants. (Breastfeeding patterns are not always regular or predictable.)

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Breast Milk Intake (continued)

Patterns Commonly Seen in Breastfed Infants

Indicator	Age of Infant & Description
Urine Output	<p>3-4 days ➤ pale yellow color to clear (NOT deep yellow or orange)</p> <p>5-7 days ➤ 6 wet diapers</p>
Stools	<p>1-2 days ➤ Thick, tarry, and black color</p> <p>3-4 days ➤ Greenish yellow color</p> <p>5 days ➤ Yellow color (NOT white or clay-colored) with watery, seedy, or mustard-like texture</p> <p>By 5-7 days ➤ 3-4 stools/day</p> <p>1 month and older ➤ Number of stools may vary (can be several stools/day, 1 every 3-4 days, or 1/week)</p>
Weight Gain	<p>0-6 months ➤ 4-8 ounces/week</p> <p>7-12 months ➤ 3-6 ounces/week</p>
Feeding/Nursing Pattern	<p>0-1 month ➤ 8-12 feedings/24 hours</p> <p>1-2 months ➤ 7-10 feedings/24 hours</p> <p>2-4 months ➤ 6-9 feedings/24 hours</p> <p>4-6 months ➤ 6-8 feedings/24 hours</p>

Pumping & Storing Breast Milk

Pumping

Pumping (expressing) breast milk can be done by:

- hand,
- manual pump,
- battery-operated pump, or
- electric pump.

When pumping breast milk, the woman should:

- wash her hands,
 - if using a pump, make sure it is clean and follow the instructions for use, and
 - collect the milk in a clean container (plastic or glass containers are best).
-

Storage

Breast milk can be stored in:

- a refrigerator or
- a freezer.

Only store breast milk in a cooler with an ice pack for a **short** time (24 hours).

Refrigerator Storage

Breast milk can be safely stored in a properly working **refrigerator** for **5-8 days** (24 hours if previously thawed). The refrigerator should be **40° F or below**.

Freezer Storage

Breast milk can be safely stored in a freezer as follows:

- **2 weeks** in freezer compartment inside the refrigerator,
 - **3-4 months** in freezer that has separate door from refrigerator, and
 - **6 months** in a deep freeze.
-

How to Store Breast Milk

When storing breast milk follow the steps on the next page.

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Pumping & Storing Breast Milk (continued)

How to Store Breast Milk

1.	Always wash hands with soap and hot water before expressing or handling breast milk.
2.	Clean storage bottles and caps. Use soap and hot water. Sterilize them in boiling water for 5 minutes or use a dishwasher if the baby is less than 3 months old.
3.	Fill bottles or milk storage bags. Leave space at the top for expansion of the liquid if freezing bottles.
4.	Fill bottles in the portion size needed for feedings. (2 or 3 ounces per bottle usually works well.)
5.	Tightly cap bottles or double bag milk storage bags to avoid spills.
6.	Date all bottles and bags.
7.	Store in properly working refrigerator or freezer. Do NOT store milk in the door of the refrigerator.
8.	If a refrigerator or freezer is not available, store milk in a cooler packed with ice or an ice gel pack until you get home.
9.	Use the milk with the oldest date first.

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Pumping & Storing Breast Milk (continued)

Thawing & Warming Breast Milk

The best way to thaw frozen breast milk is to put it in the refrigerator.

Do **NOT**:

- set breast milk out to thaw at room temperature,
- heat breast milk on the stove, or
- thaw or warm breast milk in a microwave.

To thaw and warm frozen breast milk follow the steps described in the chart on the next page.

Learning Activity 5

To learn more about pumping and storing breast milk you may want to try **Learning Activity 5** found at the end of this module.

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Pumping & Storing Breast Milk (continued)

Thawing & Warming Frozen Breast Milk

1.	Thaw and/or warm only breast milk that is needed for a feeding.
2.	Move the container from the freezer to the refrigerator the night before use.
3.	If not thawed in refrigerator, swirl the container in a pan or bowl of cool water.
4.	If the baby likes warmed milk, swirl the container in a pan or bowl of warm water. Do NOT warm milk in a microwave. (Microwaves do not heat evenly. Babies' mouths and throats have been burned by "hot spots" inside a bottle when the outside of the bottle felt cool.)
5.	Shake the container gently. (This helps mix the fat and water layers that separate when stored.)
6.	Do not heat or shake the milk too much.
7.	Use the milk right away after thawing and warming. The milk should be used: <ul style="list-style-type: none">• within 24 hours if refrigerated and• within 1 hour if at room temperature.
8.	Make sure the milk is not too hot or too cold. To check, squirt a few drops onto the back of your hand.
9.	If the milk smells bad throw it out. (It may be spoiled.)

Incorporating Breastfeeding into Daily Life

Finding a Comfortable Place

Nursing mothers are encouraged to find a place for feeding that is relaxed and calm. Breastfeeding is easier and more enjoyable in such a setting.

Breastfeeding in Public

There will be times when a mother will need to nurse in public.

Every mother has the right to breastfeed in public. In California, a breastfeeding mother is legally protected to nurse in public.

Returning to Work or School

A mother returning to work or school will want to continue to nurse her child. The chart on the next page lists suggestions that may help a nursing mother continue breastfeeding when she returns to work or school.

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Incorporating Breastfeeding into Daily Life (continued)

Returning to Work or School

	Suggestions
1	If possible, delay returning to work or school until infant is 4-6 weeks old . (This helps maintain milk supply.)
2	Learn how to express (collect) milk manually or by using a pump for when away from the infant.
3	Express milk in the morning. Nurse the infant from 1 breast and pump from the other and store it.
4	Check to see if the workplace or school has supportive policies and/or facilities for nursing mothers.
5	Nurse the infant when home and express milk every 3-4 hours when away from the infant.
6	Safely store expressed milk so that it can be used later.
7	Instruct caregiver how to use expressed breast milk.
8	Introduce bottle feeding and feeding by others about 2 weeks before returning to work/school.

Nursing a Toddler

Recommendations

The American Academy of Pediatrics (AAP) recommends breastfeeding for **at least the first year of life and longer if possible**.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend breastfeeding for **at least 2 years**.

Benefits

Nursing a toddler benefits the toddler and the mother.

Benefits to the toddler may include:

- nutrition,
- immunity,
- prevention of allergies, and
- help with feelings of jealousy when a newborn arrives.

Benefits to the mother may include:

- feelings of closeness with the toddler and
 - a boost in the mother's milk supply if she is also nursing a newborn.
-

Tandem Nursing

Tandem nursing is breastfeeding an older infant or toddler along with the newborn.

Nursing Multiple Children

The mother must always give the newborn priority access to the breast. The older infant or toddler will learn to wait.

Common Breastfeeding Problems

Breastfeeding Problems

Sometimes women have difficulty breastfeeding. **Usually this is due to improper positioning.**

Some of the most common breastfeeding problems are:

- poor positioning and latch-on,
 - sore nipples,
 - engorged breasts,
 - plugged milk ducts, and
 - mastitis.
-

Problems & Suggestions

The chart on the next pages lists some of the common breastfeeding problems and how to deal with them.

Learning Activity 6

To learn more about common breastfeeding problems and solutions you may want to try **Learning Activity 6** found at the end of this module.

Common Breastfeeding Problems (continued)

Breastfeeding Problems & Suggestions

Problem	Suggestions
Poor Positioning & Latch-On	<ul style="list-style-type: none"> • Position baby properly---try new positions and use a pillow or other support • Wait for infant to open mouth wide • Make sure infant's mouth covers a good portion of the areola • Reposition if pain occurs
Sore Nipples	<ul style="list-style-type: none"> • Check for proper positioning and latch-on • Feed frequently • Air dry nipples after feedings <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Refer participant to her doctor if an infection develops.</i></p> </div>
Engorged Breasts	<ul style="list-style-type: none"> • Put warm, moist cloths on breasts and/or take hot shower before feeding to help flow of milk • Massage breasts to “push” milk toward the nipple • Squeeze out milk with hands or pump before feeding • Feed more frequently (every 1½ – 2 hours) • Put cold, moist cloth on breasts after feeding to reduce swelling and increase comfort

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Common Breastfeeding Problems (continued)

Breastfeeding Problems & Suggestions (continued)

Problem	Suggestions
Plugged Milk Duct	<ul style="list-style-type: none"> • Put warm, moist cloths on the breast and/or take a hot shower before feeding • Massage the plugged area down to the nipple before and during feeding • Start nursing on the affected breast first • Position baby's chin toward plugged duct • Feed more frequently (every 1½ – 2 hours) • Make sure bra, breast pads, or clothing around breast are not too tight • Try a different breastfeeding position <div data-bbox="591 978 1279 1077" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Refer participant to her doctor if an infection develops.</i></p> </div>
Mastitis/ Breast Infection (usually achy, flu-like feeling with fever and chills)	<ul style="list-style-type: none"> • See your doctor right away • Take medications if prescribed by doctor • Get plenty of rest; drink plenty of fluids • Make sure baby is positioned and latched-on properly • Continue nursing, feed frequently, and use both breasts at each feeding

Lactation Referrals

WIC: “One Piece of the Puzzle”

WIC is one source of breastfeeding information in the community. Other community organizations also strongly support breastfeeding and can give participants additional support.

WIC staff often make referrals to breastfeeding support organizations. Become familiar with the breastfeeding support organizations in your community so that you can make referrals when needed.

Sources of Breastfeeding Information

Most communities will have several sources for breastfeeding information and support. Sources may include:

- La Leche League
- lactation consultants,
- lactation educators,
- breastfeeding support groups,
- breast pump loan programs,
- local health department staff, and/or
- local hospitals.

Check with your mentor or supervisor to see what sources are available in your community. You will probably refer participants to one or more of these sources.

Immediate Referrals

Sometimes a participant will have a breastfeeding problem that will require an **immediate** referral to:

- a doctor or
- a lactation specialist.

You will need to know which situations will require you to make an immediate referral.

continued on next page

Lactation Referrals (continued)

Chart

The chart on the next page describes situations when you will need to make an immediate referral.

continued on next page

Lactation Referrals (continued)

When to Make Immediate Referrals

Breastfeeding mothers should get **immediate** help from a clinical lactation specialist or their doctor if:

- By 4 days of age, the newborn is having:
 - fewer than 4 stools each day or
 - bowel movements are scant.
- Baby's stools are still dark or green-brown at 5 days of age (they should be a yellow color).
- Baby is under birth weight by 2 weeks of age.
- Baby often sleeps through feeding times, seldom demands to be fed, or needs to be awakened to nurse.
- Baby nurses more than 12 times/day and acts hungry all the time (crying, sucking on hands).
- Baby is unable to latch onto breast, latches only briefly, or doesn't suck effectively and mother has tried to correct the problem with no success.
- Mother does not hear swallowing when baby nurses.
- Mother has pain that:
 - lasts through a feeding,
 - has lasted for more than 1 week, or
 - affects nipple(s) and is so severe she dreads nursing.

Special Situations

Premature & Seriously Ill Babies

The American Academy of Pediatrics recommends that premature and seriously ill babies be breastfed when possible.

If the baby cannot nurse, the mother should express her milk at the times when the baby would usually feed. The mother collects the breast milk and feeds the baby by tube or cup.

Twins

If a mother has twins she can breastfeed them at the same time. She nurses one baby at each breast. She can use the clutch or cradle hold to nurse them.

The mother should alternate the breast each baby uses at each feeding or at least once each day.

Triplets

It is possible to breastfeed triplets. The mother nurses 2 babies at one time and gives formula to the third. At the next feeding, the formula is given to one of the babies that had been breastfed. All 3 babies are given a chance to breastfeed.

Weaning

Definition

Weaning is the process of nursing less frequently and replacing feedings with solid foods until breastfeeding stops.

Recommendation

The American Academy of Pediatrics (AAP) recommends:

- exclusive breastfeeding for the first 6 months of life,
 - gradual introduction of iron-enriched solid foods to complement breast milk in the second half of the first year, and
 - breastfeeding be continued for at least 12 months and longer when possible.
-

A Personal Decision

A mother must decide for herself when she and her baby are ready to begin weaning. A mother should base her decision on:

- her needs and
- her baby's needs.

The decision should **NOT** be based on the expectations of others.

2 Types of Weaning

Weaning can be:

- infant-led or
 - mother-led.
-

Infant-Led Weaning

Infant-led weaning is the process where the baby “outgrows” nursing on her/his own schedule.

Infant-led weaning is preferred.

During infant-led weaning, the mother guides her child to learn skills that replace nursing.

continued on next page

Weaning (continued)

Mother-Led Weaning

Mother-led weaning is the process where the mother decides she no longer wishes to breastfeed and begins to nurse less frequently and eventually stops.

How to Wean

When weaning a baby,

- wean to formula in a **bottle** if the baby is **less than 12 months old**,
- wean to a **cup** when the baby is **about 12 months old or older**, and
- wean **gradually** (over several weeks or longer).

When weaning, a mother may want to follow the steps listed on the next page.

Benefits of Gradual Weaning

Gradual weaning helps infants:

- not feel abandoned and
- get adjusted to having their needs met in other ways besides breastfeeding.

Gradual weaning also can help mothers not experience engorged breasts.

When Weaning Is NOT Necessary

Weaning is NOT necessary if the mother:

- is feeling overwhelmed,
- is ill or hospitalized,
- develops mastitis,
- is planning to return to work,
- is prescribed a drug or needs medical testing for which weaning is advised, or
- is pregnant.

Weaning is also not necessary if the baby:

- is getting teeth or
 - is ill or hospitalized.
-

continued on next page

Weaning (continued)

Steps to Take When Weaning

Step	Description
1	Replace the nursing that the infant is least interested in or when the breasts do not feel full.
2	Replace 1 nursing with 1 feeding of infant formula or cow's milk (if infant is over 12 months old). (Activities such as playing with the child or reading to her/him in place of nursing can also be used when appropriate.)
3	After several days or weeks, eliminate another nursing. Repeat.
4	When down to one nursing per day, nurse every other day.

Counseling

When a mother asks for information about weaning, first give her the information she wants and then ask her to tell you about:

- her situation,
- her feelings about weaning,
- what she thinks weaning will bring about,
- her child's needs for nursing, and
- how she plans to wean.

continued on next page

Artificial Baby Milk (ABM)

Definition

Artificial baby milk (ABM) is also called infant formula.

Risks of ABM

Artificial baby milk does NOT contain all that is found in breast milk for growth and health.

Feeding infant formula, instead of human milk, may result in an infant with:

- diarrhea,
- middle ear inflammation,
- colic, and
- baby bottle tooth decay.

Due to these health problems, infants fed formula have more doctor visits and working mothers miss more days of work, than breastfed infants.

Inform Mothers of the Risks

For mothers to make responsible decisions about breastfeeding, they need to be aware of the risks of ABM.

Educating Participants about Breastfeeding

Education Is Key

Education is the key to promoting breastfeeding among WIC mothers.

Participant-Centered Education

Education should be participant-centered. Discuss the breastfeeding concerns of the participant first.

In Each Nutrition Education Contact

Breastfeeding information should be included in each nutrition education contact.

For example, during a class about immunization, you could discuss how breastfeeding right after birth is like giving your baby her/his first immunization.

Culturally-Relevant Education

Breastfeeding education should be culturally-relevant to the participant and provided by staff that are culturally competent.

Early & Frequent Contacts

Early and frequent contacts with a woman during pregnancy and postpartum increase her breastfeeding success.

Guidelines

Use the chart on the next page to guide you in providing breastfeeding education to participants. The chart is divided into 3 stages:

- early pregnancy,
 - late pregnancy, and
 - postpartum.
-

Learning Activities 7 & 8

To learn more about how to discuss breastfeeding with a participant you may want to try **Learning Activity 7** and **Learning Activity 8** found at the end of this module.

continued on next page

Educating Participants about Breastfeeding (continued)

Breastfeeding Education Guidelines

Early Pregnancy:

- Assess participant's infant feeding decision (use Best Start 3-Step counseling strategy)
- Ask if participant has had any breast surgery, injury, or trauma
- Discuss:
 - benefits of breastfeeding
 - risks of Artificial Baby Milk
 - misinformation about breastfeeding
 - participant's feelings about breastfeeding
- Correct inaccurate information
- Address questions and concerns

Late Pregnancy:

- Explain/show correct positioning and latch-on
- Discuss:
 - feeding guidelines (adequate intake, frequency of feedings, infant feeding cues)
 - hospital stay
 - use of infant formula and pacifiers
 - what to expect during the first few weeks
- Show how to pump and store breast milk (also discuss WIC and local breast pump loan programs)
- Provide referrals for breastfeeding support
- Discuss how to manage breastfeeding during the first weeks after birth

continued on next page

Educating Participants about Breastfeeding (continued)

Breastfeeding Education Guidelines (continued)

Postpartum:

- Provide breastfeeding support through classes or individualized contacts
- Discuss:
 - breastfeeding concerns during first few days and weeks
 - common problems/solutions
 - growth and development
 - family's role in breastfeeding
 - breastfeeding in public
 - breastfeeding while working or going to school
- Show how to pump and store breast milk (also discuss WIC and local breast pump loan programs)

Promoting Breastfeeding at WIC

Promoting Breastfeeding

All WIC sites need to promote breastfeeding.

Many local agencies have promoted breastfeeding by:

- establishing a local agency breastfeeding policy and procedures,
- designing and providing a comfortable area at all sites for women to breastfeed,
- displaying culturally appropriate posters and pictures of women breastfeeding,
- getting rid of pictures and other items with formula company logos and formula cans,
- using dolls to show proper positioning,
- running breastfeeding support groups, and
- establishing a breast pump loan program.

Learning Activity 9

To learn more about how your WIC site can promote breastfeeding you may want to try **Learning Activity 9** found at the end of this module.

Summary

Breastfeeding the Foundation of Good Feeding

The American Academy of Pediatrics (AAP) considers breastfeeding the foundation of good infant feeding practices.

Benefits of Breastfeeding

Breastfeeding benefits the mother, the infant, the family, and society. Breastfeeding:

- provides breastmilk (the intended food for babies),
 - prevents health problems in mother and baby,
 - may postpone pregnancy,
 - bonds mother and baby,
 - promotes brain development of the baby,
 - helps the environment, and
 - saves money.
-

Breastfeeding Recommendations

The American Academy of Pediatrics (AAP) recommends:

- breastfeeding of all infants, (including premature and sick newborns),
- breastfeeding begin as soon as possible after birth, usually within the first hour,
- exclusive breastfeeding occur for the first 6 months after birth, and
- breastfeeding continue for at least the first year of life and longer if possible.

Local WIC agencies shall encourage every woman to breastfeed unless there are special health reasons.

continued on next page

Summary (continued)

Reasons Some Women May Choose Not to Breastfeed

Some women may choose not to breastfeed because of:

- incorrect information,
 - lack of familiarity,
 - lack of confidence,
 - lack of support from family members,
 - embarrassment,
 - inconvenience,
 - fear of being “tied down”,
 - belief that bottle feeding is the modern way,
 - free formula from WIC, or
 - lack of assistance to help overcome difficulties.
-

Latch-On & Positioning

Correct placement and positioning of the infant at the breast are key to successful breastfeeding.

Common breastfeeding positions include:

- clutch (side sitting),
 - cradle (across the lap),
 - side lying,
 - cross-cradle (cross-over), and
 - lying down.
-

Feeding Guidelines

A mother should **follow her infant’s lead** for when and how long to nurse.

Pumping & Storing Breast Milk

Pumping (expressing) breast milk can be done by hand or pump.

Breast milk can be stored in:

- a refrigerator,
 - a freezer, or
 - an ice chest with an ice pack (for short-term storage).
-

continued on next page

Summary (continued)

Common Breastfeeding Problems

Most breastfeeding difficulties are due to poor positioning and can be resolved. Some common breastfeeding problems include:

- poor positioning and latch-on,
 - sore nipples,
 - engorged breasts,
 - plugged milk ducts, and
 - mastitis.
-

Referrals

Some community organizations provide breastfeeding information and support. Sometimes a participant will have a breastfeeding problem that will require an immediate referral to a doctor or lactation specialist.

Weaning

Weaning can be infant-led or mother-led.

Artificial Baby Milk

Artificial baby milk (infant formula) does NOT contain all that is found in breast milk for growth and health.

Breastfeeding Education Guidelines

Breastfeeding education should be:

- participant-centered,
 - culturally-relevant,
 - early and frequent, and
 - included in each nutrition education contact.
-

Glossary

alveoli- Alveoli are the glands that produce human milk.

antibodies- Antibodies are substances that help fight infections.

areola- The areola is the circular pigmented area surrounding the nipple.

artificial baby milk- Artificial baby milk (ABM) is infant formula.

clutch position- Clutch (or side sitting) is breastfeeding position in which the baby is held at the side of the mother's body, tucked under her arm.

collecting sinuses- The collecting sinuses, located behind the nipple, are the structures that hold the breast milk.

colostrum- The colostrum is the thick yellowish fluid that comes from the breasts before mature milk comes in.

cradle-hold- Cradle (or across the lap) hold is the breastfeeding position in which the baby is on side facing mother ("chest to chest") and baby's head rests on mother's forearm or the crook of her arm.

cross-cradle hold- Cross-cradle (or cross-over) hold is the breastfeeding position in which the mother reaches across her lap to support the baby's back and shoulders and with the palm of her hand behind the infant's head (below ears) guides the baby's mouth to her breast.

ducts- Ducts are the tubes through which milk passes from the alveoli to the collecting sinuses.

engorged breasts- Engorged breasts are overly swollen breasts.

foremilk- Foremilk is the breast milk that comes out at the beginning of a feeding.

galactosemia- Galactosemia is a medical condition in which the body cannot metabolize the sugar galactose (one of the sugars found in milk). (If an infant with galactosemia is given milk, galactose builds up in the infants system causing damage to the liver, brain, kidneys and eyes.)

Glossary (continued)

hindmilk- Hindmilk is the breast milk that comes out at the end of a feeding.

HIV- HIV is the human immuno-deficiency virus. It is the virus that causes acquired immune-deficiency syndrome (AIDS).

human lactation- Human lactation is the process in which the breasts secrete milk.

infant-led weaning- Infant-led is the process where the baby “outgrows” nursing on her/his own schedule.

lactation educator- A lactation educator is someone who is specially trained to give women information on breastfeeding.

latch on- Latch-on is the placement of the baby’s mouth onto the areola.

let-down- Let-down is the movement of milk down the ducts and out of the sinuses through the pores of the nipple.

mastitis- Mastitis is an infection of the breast.

Montgomery glands- The Montgomery glands are the glands located near the nipple and secrete a substance that lubricates the skin around the nipple.

mother-led weaning- Mother-led weaning is the process where the mother decides she no longer wishes to breastfeed and begins to nurse less frequently and eventually stops.

osteoporosis- Osteoporosis is a medical condition in which the bones become porous and fragile.

oxytocin- Oxytocin is one of the hormones that is involved in milk production. It is released during suckling and causes ejection of milk as well as uterine contractions.

prolactin- Prolactin is one of the hormones that is involved in milk production. It stimulates the development of the breast and controls milk synthesis.

Glossary (continued)

rooting reflex- The rooting reflex is the turning of an infant's head and mouth and opening of the mouth when the mouth, lips, cheek and/or chin are touched.

side-lying- Side-Lying is the breastfeeding position in which the mother and baby lie on their sides facing each other. (Baby's knees are pulled in close and mother's arm encircles baby's back.)

tandem nursing- Tandem nursing is breastfeeding an older infant or toddler along with the newborn.

tuberculosis- Tuberculosis, also called TB, is an infection of the lungs.

weaning- Weaning is the process of nursing less frequently and replacing feedings with solid foods until breastfeeding stops.

Progress Check

1. Mark the following statements **TRUE** or **FALSE**.

- _____ Human milk is the preferred feeding for all infants, including premature and sick newborns.
- _____ The American Academy of Pediatrics (AAP) recommends breastfeeding for at least the first year of life and longer if possible.
- _____ During the hospital stay, the mother is encouraged to begin breastfeeding within 1 hour of birth and to room-in with her baby.
- _____ Crying is an **early** sign that the baby is hungry.
- _____ Giving a pacifier to a 1 week-old infant is fine even if breastfeeding has not been well established.
- _____ Breastfeeding mothers should avoid introducing foods or liquids, other than breast milk, during the baby's first 6 months.
- _____ If a breastfeeding mother needs to be hospitalized, every effort should be made to maintain breastfeeding.

2. List at least 3 reasons why breastfeeding is the best way to feed a baby.

3. List at least 3 reasons why a woman may decide not to breastfeed.

Progress Check (continued)

4. Mark the following statements **TRUE** or **FALSE**.

- _____ An HIV-infected mother should breastfeed her infant.
- _____ Like with other medical situations, a mother may want to get a second opinion if she feels her doctor may be advising unnecessarily against breastfeeding.
- _____ Some mother's breasts are too small for breastfeeding.
- _____ Formula does NOT contain all that is found in breast milk for growth and health.
- _____ Let-down is the movement of milk down the ducts and out of the sinuses through the pores of the nipple.

5. Name and describe at least 4 common breastfeeding positions.

Progress Check (continued)

6. For each of the following baby signals mark “H” for hungry and “F” for full.

_____ nuzzling against the breast

_____ closing mouth

_____ putting a hand to the mouth

_____ crying or fussing

_____ turning head away from the nipple

7. A mother can tell if her baby is getting enough breast milk by:
(List at least 3 indicators.)

8. List the 3 ways to pump (express) breast milk.

Progress Check (continued)

9. Fill in the table with the correct information for storing breast milk.

Place of Storage	Length of Time --- Can be stored for up to:
Refrigerator	
Freezer Compartment- inside refrigerator	
Freezer-with separate door from refrigerator	
Deep Freeze	

10. Match the breastfeeding problem to a possible solution.

Problem

Suggestion

____ Mastitis

A. Make sure infant's mouth covers a good portion of the areola

____ Poor Positioning

B. Air dry nipples after feeding

____ Sore Nipples

C. Feed more frequently (every 1½ – 2 hours)

____ Plugged Milk Duct

D. Make sure bra, pads, or clothing around breast are not too tight

____ Engorged Breasts

E. See doctor right away

Progress Check (continued)

11. Name 2 sources of breastfeeding information and support that may be available in a community.

12. Put a check mark (✓) before any of the statements that are true about weaning.

_____ Wean to a bottle if the child is less than 12 months old.

_____ Wean to a cup if the child is 12 months or older.

_____ Weaning is most successful when the feeding the child is **most** interested in is replaced first.

_____ Weaning should **never** be infant-led.

_____ Wean gradually.

Learning Activities

The following activities are included and are recommended for interactive learning:

- Learning Activity 1: Breastfeeding Views
- Learning Activity 2: Why Not Breastfeed?
- Learning Activity 3: Human Lactation---How Does It Work?
- Learning Activity 4: Correct Breastfeeding Positions
- Learning Activity 5: Pumping & Storing Breast Milk
- Learning Activity 6: Breastfeeding Problems & Solutions
- Learning Activity 7: Giving Breastfeeding Information
- Learning Activity 8: Role Plays
- Learning Activity 9: Promoting Breastfeeding at Your WIC Site

Activity 1: Breastfeeding Views

Learning Objectives After completing this activity the Nutrition Assistant will be:

- aware of some of the breastfeeding views of her/his community.

Instructions

1. Ask 5 different people to answer the question on the next page. Ask family, friends, teachers, WIC participants, but do NOT ask WIC staff.
 2. Discuss with your mentor or supervisor what you learned.
-

Activity 1: Breastfeeding Views**Question:**

Do you think breastfeeding or bottle-feeding is the best way to feed a baby? (Ask person to explain her/his view.)

Person #	Response
1	
2	
3	
4	
5	

Activity 2: Breastfeeding Misconceptions

Learning Objectives After completing this activity the Nutrition Assistant will be able to:

- correct some of the misconceptions participants may have about breastfeeding.

Instructions

1. For each of the statements on the next page give a response that may help correct the participant's misunderstanding about breastfeeding and promote breastfeeding as the norm for infant feeding.
2. Make sure to respond in a way that will make the participant feel comfortable.
3. Discuss with your supervisor or mentor your responses to the statements.

Activity 2: Breastfeeding Misconceptions

Situation 1:

“I can’t breastfeed. I don’t have enough milk.”

Response:

Situation 2:

“I have to go back to work, so I will have to stop nursing my baby.”

Response:

Activity 2: Breastfeeding Misconceptions

Situation 3:

“I can’t breastfeed. My breasts are too small.”

Response:

Situation 4:

“I feel uncomfortable exposing my breasts in public. I won’t be able to breastfeed.”

Response:

Activity 2: Breastfeeding Misconceptions

Situation 5:

“I don’t eat healthy. Why should I breastfeed my baby?”

Response:

Situation 6:

“My friends told me to get formula.”

Response:

Activity 3: Human Lactation – How Does It Work?

Learning Objectives After completing this activity the Nutrition Assistant will be able to:

- describe human lactation.

Instructions

1. Ask your supervisor or mentor for a human breast model or diagram of the human breast.
 2. Using the model or diagram track how milk moves from the alveoli to the nipple.
 3. Discuss any questions you may have with your mentor or supervisor.
-

Activity 4: Correct Breastfeeding Positions

Learning Objectives After completing this activity the Nutrition Assistant will be able to:

- show the latch-on technique and
- show the most common breastfeeding positions.

Background

Placing the baby's mouth on the areola is called latch-on.

There are 4 common breastfeeding positions:

- clutch/side sitting,
- across the lap/cradle,
- side lying, and
- cross-cradle/cross-over.

Instructions

1. Get a doll about the size of an infant.
2. Using a doll, practice the latch-on technique.
3. Using a doll, position yourself in the 4 different breastfeeding positions.
4. After you have practiced several times, ask your supervisor or mentor to watch you. Note any corrections s/he suggests.

Activity 5: Pumping & Storing Breast Milk

Learning Objectives After completing this activity the Nutrition Assistant will be able to:

- describe how to pump and store breast milk.

Instructions

1. If possible, and appropriate, observe several lactating women hand express and pump breast milk.
 2. Ask them how they store breast milk.
 3. Discuss any questions you may have with your mentor or supervisor.
-

Activity 6: Breastfeeding Problems & Solutions

Learning Objectives After completing this activity the Nutrition Assistant will be able to:

- give solutions for the most common breastfeeding problems.

Instructions

1. Read each of the breastfeeding problems described.
 2. For each problem, write down suggestion(s) that might help the participant.
 3. Ask your supervisor or mentor to review your suggestions.
-

Activity 6: Breastfeeding Problems & Solutions**Problem 1:**

Thuy Vo has been breastfeeding her infant son for 3 months. She tells you that she has cracked and bleeding nipples and wants to stop nursing because of the pain.

Suggestion:**Problem 2:**

Teisha Jones has engorged breasts. She tells you the pain has been terrible. She has not been able to breastfeed her daughter much this week. She thought the break would help but the pain has gotten worse.

Suggestion:

Activity 6: Breastfeeding Problems & Solutions (continued)

Problem 3:

Cindy Chu tells you she thinks she has a breast infection. She has been achy, and had a fever and the chills. She also has a pinkish painful area on her left breast.

Suggestion:**Problem 4:**

Maria Jiminez has a 2-week old son. She tells you he doesn't seem to be nursing quite right. He is her first child and she tells you she is considering stopping breastfeeding since he has not gained any weight.

Suggestion:

**Activity 6: Breastfeeding Problems & Solutions
(continued)****Problem 5:**

Julie Border tells you she has soreness, swelling, lumpiness and slight pain in her left breast. She tells you she also had similar feelings in her right breast but that changed after a thick stringy mass appeared on her right nipple yesterday. She comes to you in tears. She is not sure what is going on.

Suggestion:

Activity 7: Giving Breastfeeding Information

Learning Objectives After completing this activity the Nutrition Assistant will be able to:

- describe what breastfeeding information and support to give a participant.

Instructions

1. Observe a co-worker provide breastfeeding information to:
 - a pregnant participant and
 - a postpartum participant.
2. Write down your notes on the next page. Include any referrals that are given for breastfeeding information and support in your local community.
3. Discuss your observations with your mentor or supervisor.

Activity 7: Giving Breastfeeding Information

Notes:

Activity 8: Role Plays

Learning Objectives After completing this activity, the Nutrition Assistant will be able to:

- give breastfeeding information and support to a participant.

Background

A role play is when 2 or more people act out a scene as though it was “real life”. “Props” such as baby dolls or food models are not needed but may be helpful.

Instructions

1. Ask your mentor, supervisor, or a co-worker to role play any 3 of the 5 roles (A-E) described on the following page. (Make sure s/he role plays a postpartum, as well as a pregnant participant.)
 2. Using the information you have learned, act out the role of a WIC Nutrition Assistant for each of the 3 situations. Make sure to include a discussion of the participant’s early expectations of the breastfeeding experience when appropriate.
 3. Mentor/Supervisor/Co-Worker: Using the role plays as your guide, act out the role of the participant or co-worker. Try to be as realistic as possible.
 4. After each session, ask your co-worker to tell you what s/he noticed. Make sure to ask for your strengths as well as weaknesses.
-

Activity 8: Role Plays

-
- Role Play A** LaTasha Johnson is a 20-year-old woman. She is 2 months pregnant. She does not say much and does not know much about breastfeeding. She does tell you that her boyfriend does not want his friends to see her breasts and so does not plan to breastfeed.
-
- Role Play B** Sabrina Singh is due to have twins in 1 month. She does not believe she can feed both babies by breastfeeding.
-
- Role Play C** Geri Monroe is 5 weeks pregnant. She is thinking about breastfeeding but she does not think she will be able to produce enough milk for her baby. She has heard that WIC gives women formula. She wonders if formula is better for her baby.
-
- Role Play D** Tina Gray has a 3 month-old infant. She arrives with her baby and her mother Gloria. She tells you, “If I get upset or angry, my milk will spoil and the baby will get sick.” Gloria tells you it happened to her.
-
- Role Play E** Anita Melendez is breastfeeding her 4 month-old son. She eats a lot of spicy foods. (She adds chilis to many of her meals.) She worries that if she breastfeeds after eating spicy foods her baby will get sick.
-

Activity 9: Promoting Breastfeeding

Learning Objectives After completing this activity, the Nutrition Assistant will be able to:

- suggest ways a WIC site can promote breastfeeding.

Background

All WIC sites need to promote breastfeeding. Many local agencies have done things to promote breastfeeding, such as:

- establishing a local agency breastfeeding policy and procedures,
- providing a comfortable area for women to breastfeed,
- displaying culturally appropriate posters and pictures of women breastfeeding,
- getting rid of pictures and other items with formula company logos and formula cans,
- using dolls to show proper positioning, and
- having available breast pumps for loan.

Instructions

1. Using the check-off list on the next page, put a check by the items that you find at your site.
 2. Write down anything else that may encourage or discourage women to breastfeed.
 3. Have your mentor or supervisor look at your list. Discuss ways that breastfeeding can be further promoted at your site.
-

Activity 9: Promoting Breastfeeding

Put a check (✓) next to the items that you find at your clinic.

✓	Items that Support Breastfeeding
	Culturally appropriate breastfeeding posters and pictures
	Pamphlets on breastfeeding in English and other languages
	Magazines that promote breastfeeding
	Newsletter for breastfeeding mothers
	Lists of breastfeeding support groups
	Staff wearing breastfeeding promotion t-shirts or buttons
	Area where women can breastfeed discreetly
	Breast pumps or other breastfeeding aids
	Other:
✓	“Anti-Breastfeeding” Items
	Posters and/or pictures of babies being bottle fed
	Cups and pencils with formula company logos
	Posters and pamphlets with formula company logos
	Cans of formula stored in view
	Other:

Progress Check Answers

1. Mark the following statements **TRUE** or **FALSE**.

TRUE Human milk is the preferred feeding for all infants, including premature and sick newborns.

TRUE The American Academy of Pediatrics (AAP) recommends breastfeeding for at least the first year of life and longer if possible.

TRUE During the hospital stay, the mother is encouraged to begin breastfeeding within 1 hour of birth and to room-in with her baby.

FALSE Crying is an **early** sign that the baby is hungry.

FALSE Giving a pacifier to a 1 week-old infant is fine even if breastfeeding has not been well established.

TRUE Breastfeeding mothers should avoid introducing foods or liquids, other than breast milk, during the baby's first 6 months.

TRUE If a breastfeeding mother needs to be hospitalized, every effort should be made to maintain breastfeeding.

2. List at least 3 reasons why breastfeeding is the best way to feed a baby.

Answers may include:

- ***Breast milk is the best food for the baby.***
- ***Breastfeeding prevents infections and disease.***
- ***Breastfeeding may postpone pregnancy.***
- ***Breastfeeding helps bond mother and child.***
- ***Breastfeeding promotes brain development of the baby.***
- ***Breastfeeding helps the environment.***
- ***Breastfeeding saves money.***

Progress Check Answers (continued)

3. List at least 3 reasons why a woman may decide not to breastfeed.

Answers may include:

A woman may decide not to breastfeed because of:

- ***incorrect information,***
- ***lack of familiarity,***
- ***lack of confidence,***
- ***lack of support from family members,***
- ***embarrassment,***
- ***inconvenience,***
- ***fear of being “tied down”,***
- ***belief that bottle feeding is the “modern way”,***
- ***free formula from WIC, and***
- ***lack of assistance to help overcome difficulties.***

4. Mark the following statements **TRUE** or **FALSE**.

FALSE An HIV-infected mother should breastfeed her infant.

TRUE Like with other medical situations, a mother may want to get a second opinion if she feels her doctor may be advising unnecessarily against breastfeeding.

FALSE Some mother’s breasts are too small for breastfeeding.

TRUE Formula does NOT contain all that is found in breast milk for growth and health.

TRUE Let-down is the movement of milk down the ducts and out of the sinuses through the pores of the nipple.

Progress Check Answers (continued)

5. Name and describe at least 4 common breastfeeding positions.

Any 4 of the following:

Clutch or Side Sitting -Baby is held at the side of the mother's body, tucked under her arm. The baby's bottom rests on a pillow, near the mother's elbow.

Across the Lap or Cradle Hold -Mother sits upright. Mother has pillows on her lap or props her feet up to bring baby up to nipple level. Baby's head rests on mother's forearm or the crook of her arm. Baby is on side facing mother's body, "chest to chest".

Side-Lying -Mother and baby lie on their sides facing each other. Baby's knees are pulled in close and mother's arm encircles baby's back.

Cross-Cradle or Cross-Over Hold -Mother reaches across lap to support baby's back and shoulders. She supports breast with hand closest to breast. With the palm of her hand behind infant's head (below ears) she guides baby's mouth to breast.

Lying Down -Mother lies on her back with pillows under head. Infant "crawls" to breast. Common position for right after birth.

6. For each of the following baby signals mark "H" for hungry and "F" for full.

 H nuzzling against the breast

 F closing mouth

 H putting a hand to the mouth

 H crying or fussing

 F turning head away from the nipple

Progress Check Answers (continued)

7. A mother can tell if her baby is getting enough breast milk by:
(List at least 3 indicators.)

Answers may include any 3 of the following:

- **a medical evaluation,**
- **her impressions of her baby's well-being,**
- **urine output,**
- **stool output,**
- **weight gain,**
- **growth pattern, and**
- **feeding/nursing pattern.**

8. List the 3 ways to pump (express) breast milk.

Pumping (expressing) breast milk can be done by:

- **hand,**
- **mechanical pump, or**
- **electric pump.**

9. Fill in the table with the correct information for storing breast milk.

Place of Storage	Length of Time --- Can be stored for up to:
Refrigerator	5-8 days
Freezer Compartment- inside refrigerator	2 weeks
Freezer-with separate door from refrigerator	3-4 months
Deep Freeze	6 months

Progress Check Answers (continued)

10. Match the breastfeeding problem to a possible solution.

Problem

Suggestion

E Mastitis

A. Make sure infant's mouth covers a good portion of the areola

A Poor Positioning

B. Air dry nipples after feeding

B Sore Nipples

C. Feed more frequently (every 1½ – 2 hours)

D Plugged Milk Duct

D. Make sure bra, pads, or clothing around breast are not too tight

C Engorged Breasts

E. See doctor right away

11. Name 2 sources of breastfeeding information and support that may be available in a community.

Answers may include any 2 of the following:

- ***La Leche League***
- ***lactation consultants,***
- ***lactation educators,***
- ***breastfeeding support groups,***
- ***breast pump loan programs,***
- ***local health department staff, and/or***
- ***local hospital.***

Progress Check Answers (continued)

12. Put a check mark (✓) before any of the statements that are true about weaning.

✓ Wean to a bottle if the child is less than 12 months old.

✓ Wean to a cup if the child is 12 months or older.

_____ Weaning is most successful when the feeding the child is **most** interested in is replaced first.

_____ Weaning should **never** be infant-led.

✓ Wean gradually.